

Fixed Annuity Fact-Finder

This form is designed to assist the agent and potential policyowner in gathering information to determine whether the purchase of an annuity is suitable. Completed forms should be maintained in the agent's policyowner file.

Section 1 - To be completed with your agent to determine if the proposed fixed annuity purchase meets your financial needs and objectives.

A - Personal Identification

Owner Full Name: _____ S.S. No. / Tax ID No.: _____ Date of Birth: _____ Age: _____

Co-Owner's Full Name: (if any) _____ S.S. No. / Tax ID No.: _____ Date of Birth: _____ Age: _____

Marital Status: Married Single List Number of Dependents: _____ Occupation: _____
Dependent ages: _____

B. Financial Profile (For Joint Owners, information may be combined.)

1. Annual Gross Income

- \$0 - 29,999 \$50,000 - 74,999 \$100,000 - 149,999 \$250,000 - 399,999
 \$30,000 - 49,999 \$75,000 - 99,999 \$150,000 - 249,999 \$400,000 - Over

2. Source of Income: (Check all that apply)

- Salary (W 2) Investments Social Security Pension Plans Other: _____

3. Estimated Net Worth: (Exclude primary residence, furnishings, automobiles.)

- \$0 - 74,999 \$150,000 - 249,999 \$500,000 - 999,999
 \$75,000 - 149,999 \$250,000 - 499,999 \$1,000,000 - Over

4. Current Savings and Investments: (Liquid Net Worth)

- Under \$10,000 \$25,000-\$50,000 Over \$100,000
 \$10,000-\$25,000 \$50,000-\$100,000

5. What type of investments and insurance products do you own?

- Mutual Funds Stocks Bonds CDs
 Savings Accounts Life Insurance Other Annuities

6. What type of life insurance or other annuities do you own? _____

7. Why are you purchasing this annuity? (Check all that apply)

- Estate Planning Income Retirement
 Safety of Principal Tax Deferral Stable Growth Other _____

8. How long do you plan to keep your money in this annuity?

- 4 years or less 4-8 years 8 -10 years 10 years or more

9. In case of an emergency, do you have other monies available so that you would not need the monies in the annuity? Yes No

10. What is your Federal Income Tax Bracket: 10% 15% 25% 28% 33% 35%

Fixed Annuity Fact-Finder - Continued

B. Financial Profile *(continued)*

11. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating an existing life insurance policy or annuity contract? Yes No
12. Are you considering using monies from existing life insurance policies or annuity contracts to contribute to the new contract? Yes No
13. If you answered yes to either of the above two questions, how long has the policy or contract been in force?
 1-3 years 4-6 years 7-9 years 10-12 years 13 years or more
14. Is there a surrender charge associated with the existing policy or contract? Yes No
If yes, what is the current surrender charge? _____ %
15. Do you have any outstanding loan(s) on the existing policy or contract? Yes No Loans not available
16. What is the source of monies that you will use to buy this fixed annuity? _____
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Section 2 - Company and product recommended

Company Name: _____

Product Name: _____

Section 3 - Representations and signatures *(Check box that applies and sign.)*

- Owner** - I acknowledge that the fixed annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I have reviewed the product features with my agent and with the agent's advice I have determined that it meets my financial needs and objectives.
- Agent** - Based on information collected, I believe the purchase of this annuity is suitable. I agree to maintain and make available upon request to the insurer or insurance commissioner, records of the information collected and other information used as the basis for this recommendation for at least five years after the insurer completes the recommended transaction.

Signature of Owner: *(or Trustee if Owner is Trust)*

Date: *(mm/dd/yyyy)*

Signature of Co-Owner: *(if any)*

Date: *(mm/dd/yyyy)*

Signature of Agent/Producer:

Date: *(mm/dd/yyyy)*
